



SERVICE REFERRAL FORM

R. 06/06/13



This form is for use only after you have attempted to resolve the issue with the relevant City department. If you have not received any type of response from the city department in which you contacted for resolution, then you may utilize this form for follow-up. The Equal Rights Commission can only facilitate getting your information to the right person within the city department that you have attempted to contact and we will then follow-up to ensure that the issue has been addressed.

NAME (first, last):	
PHONE NUMBER:	()
MAILING ADDRESS:	
E-MAIL ADDRESS:	
I prefer to be contacted by:	<input type="checkbox"/> Phone: (<input type="checkbox"/> 8:00 am – Noon <input type="checkbox"/> 1:00 – 4:00 pm) <input type="checkbox"/> E-Mail

Name of Department contact:
Name of Person you contacted:
Date you made contact:
Please state the issue <i>(attach extra sheet if needed):</i>

Signature:	
Date:	